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021567 7590 07/21/2005

WELLS ST. JOHN P.S.
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SPOKANE, WA 99201

08/11/2005 GWORDF2 00000018 09932003

01 FC:1501 1400.00 OP
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Sunny Downs
Signature

8/9/05
Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/932,003	08/17/2001	Cem Basceri	MI22-1731	4185

TITLE OF INVENTION: METHODS OF FORMING CAPACITOR CONSTRUCTIONS COMPRISING PEROVSKITE-TYPE DIELECTRIC MATERIALS WITH DIFFERENT AMOUNT OF CRYSTALLINITY REGIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUYNH, YENNHU B	2813	438-003000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Wells St. John P.S.
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Micron Technology, Inc.

Boise, ID

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 5

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- ☒ A check in the amount of the fee(s) is enclosed. (Chk. #147373)
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- ☒ The Director is hereby authorized by charge the required fees, or credit any overpayment, to Deposit Account Number 23-0925 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature David G. Latwesen, Ph.D.
Typed or printed name David G. Latwesen, Ph.D.

Date 8/8/05
Registration No. 38,533

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